

**Progress notes guide**

(time) (date) (nursing AM, PM, NS)  
ISBAR handover received from • @

•  
**General overview:**

stature / posture  
facial expressions

**CNS:**

**Mental state**

Speech-

spontaneous and talkative to  
mute. Fluency, rate, rhythm,  
volume, tone.

Mood- euthymic, angry,  
apprehensive, euphoric, calm,  
annoyed, happy, natural,  
frustrated.

Affect- reactive, blunted, flat,  
appropriate.

Cognition-

alert, orientated to person, place  
and time, confused, drowsy,  
sedated, post-ictal, unconscious.

**Pain:**

where? Character? Score /10?

**CVS:**

Vital signs- Pt obs recorded and  
documented.

All within normal limits. BP  
example.

**Resp:**

nil respiratory distress? Work of  
breathing? SpO2? Oxygen therapy

**Endocrine:**

Diabetic type 1 or 2? Other  
endocrine problems? Diabetes  
managed with? Blood glucose  
levels?

**GIT:**

Diet- nil orally? FWD? diabetes  
diet? Light? Fluid restriction?

Bowel actions- BNO? BO?

Nausea/ vomiting?

**Renal:**

FBC maintained? Urine?

Pathology?

**Wound/skin:**

Wounds, dressings, pressure areas

**Mobility:**

How pt mobilises, assistance?

# Nursing Progress Notes Guide

**SA Adler**



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